Gaut, Suzanne



From:

Thomas, Colleen

Sent:

Monday, March 07, 2016 2:58 PM

To:

Gaut, Suzanne

Subject:

FW: EPA Forms for HFC EPA# IAR 000 550 817

Attachments:

HF Chlor-Alkali,LLC_20160307_152816.pdf; HF Chlor-Alkali,LLC_20160307_152801.pdf

Importance:

High

Can you just go into RCRAInfo and change all their N source records from LQG to SQG. They reported LQG in error. Can you also mark on the BR Log that they are not required to file a BR.

From: Rhonda Taylor [mailto:RSTaylor@hfchloralkali.com]

Sent: Monday, March 07, 2016 2:55 PM

To: Gaut, Suzanne <Gaut.Suzanne@epa.gov>; Thomas, Colleen <Thomas.Colleen@epa.gov> Cc: Jim Ford <JDF@harrisandford.com>; Tim Harris II <TTH@harrisandford.com>; Rhonda Taylor

<RSTaylor@hfchloralkali.com>

Subject: EPA Forms for HFC EPA# IAR 000 550 817

Importance: High

Suzanne & Colleen,

See attached documents (updated from LQG to SQG): 1- Received October 2015 & 2- from March 2016.

Further questions or details needed please contact us.

Best Regards, Rhonda Taylor QA/Compliance

HFChlorAlkali, LLC 1194 720th Avenue Eddyville, IA 52553

Office: 641.969.4115 Ext.#7205

Data entered in Paragram of 2016

By Date:

Date:

RCRA

7	·	• AWM								
		"ID/Wa								
01	MB# 2050-0024;	Expires 01/31/2017								
COET TO	END DMPLETED DRM TO: e Appropriate ate or Regional fice.	Expires 01/31/2017 United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM								
	Reason for Submittal MARK ALL BOX(ES) THAT	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application								
	APPLY	☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) ☐ Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent								
2.	Site EPA ID Number	LQG regulations) EPA ID Number [[A R D D B 20][8//17]								
3.	Site Name	Name: HFCHLOR ALKALI, LLC								
4,	Site Location Information	Street Address: 1194 720TH AVENUE - Dept. HFC								
	HIORIGION	City, Town, or Village: EDDYVILLE County:								
		State: IOWA Country: UNITED STATES Zip Code: 52553								
<u>6.</u>	Site Land Type									
6.	NAICS Code(s) for the Site (at least 5-digit	A 131218101 C 1 1 1 1 1								
	codes)	B								
7.	Site Mailing Address	Street or P.O. Box: 1194 720TH AVENUE								
	Audiesa .	City, Town, or Village: EDDYVILLE								
		State: IOWA Country: UNITED STATES Zip Code: 52553								
8,	Site Contact Person	First Name: Rhondo MI: S Last: Taylor								
		THIE: () A Wanager								
		Street or P.O. Box: 1194 720TH AVENUE								
		City, Town or Village: EDDYVILLE State: IOWA Country: UNITED STATES Zip Code: 52553								
	i									
9.	Legal Owner	Phone: 64 9(694115 Ext.; Fax: A. Name of Site's Legal Owner: 145 011 0 A1/01: 11 0 Date Became								
7.	and Operator	Oumar Sold								
	of the Site	Type: LY Private L County L District L Federal L Tribal L Municipal L State L Other								
		Street or P.O. Box: 1194 720 Th Avenue - Dept HFC								
		City, Town, or Village: Fdy Ville Phone: 841-6964119								
		State: Touc Country: US Zip Code:								
		B. Name of Site's Operator: HPChlor-Atkali, LLC Date Became Operator: 2014								
	,	Operator Type: Private County District Federal Tribal Municipal State Other								

RCRA

EPA Form 8700-12, 8700-13 A/B, 8700-23

Page1 of 5

ETA ID Mulliper	OMB#: 2050-0024; Expires 01/31/201/
10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting th	e form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
Y N 1. Generator of Hazardous Waste If "Yes," mark only one of the following - a, b, or c.	Y N 5. Transporter of Hazardous Waste If "Yes," mark all that apply.
Generates, in any calendar month, 1,000 kg/mo (2,200 ibs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 ibs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 ibs/mo) of acute hazardous spill cleanup material.	a. Transporter b. Transfer Facility (at your site) Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Y N 7. Recycler of Hazardous Waste
100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.	
_ CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.	Y N 6. Exempt Boller and/or Industrial Furnace If "Yes," mark all that apply. a. Small Quantity On-site Burner
If "Yes" above, indicate other generator activities in 2-10.	Exemption
Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption
Y ☑ N ☑ 3. United States importer of Hazardous Waste	Y N 9. Underground Injection Control
Y N 4. Mixed Waste (hazardous and radioactive) Generator	Y N 10. Receives Hazardous Waste from Off-site
B. Universal Waste Activities; Complete all parts 1-2.	C. Used Oli Activities; Complete all parts 1-4.
Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,800 kg or more) [refer to your State	Y N 1. Used Oil Transporter If "Yes," mark all that apply.
regulations to determine what is regulated]. Indicate	a. Transporter
types of universal waste managed at your site. If "Yes," mark all that apply.	b, Transfer Facility (at your site)
a. Batteries	Y N Z. Used Oil Processor and/or Re-refiner if "Yes," mark all that apply.
b. Pesticides	a. Processor
c. Mercury containing equipment	b. Re-refiner
d. Lamps e. Other (specify)	Y N 3. Off-Specification Used Oil Burner *
f. Other (specify)	
g. Other (specify)	Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply.
Y N V 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Numb	er		L_	لــــــــــــــــــــــــــــــــــــــ										OMB#:	2050-002	4; Expires 01/31/2017
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YET NEW 1.	Opting in	to or c	urrenti	y ope	rating	under	r 40 (CFR F	art 26	32 Sub	opar	·	maden	nent of haz	zardous wa	astes in laboratories at apply:
	a. Colle	ge or	Unive	rsity								•				
	b. Teacl	hing H	lospit	al tha	t is o	wned	by o	r has	a for	nal w	ritte	n affiliation	agreei	nent with	a college	or university
	c. Non-	profit	Institu	ite thi	at Is c	wned	by c	or has	a for	mal v	veltt	en affiliation	agree	ment with	a college	or university
Y N V 2.	Withdraw	ing fro	m 40 i	CFR F	art 2	62 Sul	part	K for	the m	anage	me	nt of hazardo	us was	ites in labo	oratories	
11. Description	of Hazai	rdous	Waste	<u> </u>					······································	·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		•	
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B. Waste Code hazardous v spaces are	vastes ha	te-Rei	gulate at you	d (1.e. r site.	, non List 1	-Fede them in	rai) l n the	Hazar order	dous they	Wast are pr	es. ese	Please list the need in the re	e wast gulatio	e codes o ns. Use a	f the State n additions	Regulated at page if more
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13.	Comme	<u>Materia</u> nts	<u>H</u>						-	<u></u>			·····	·			-
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Sign	nature of horized re	legal ov apresen	vner, tative	oper	rator,	or ar	1	Na	ime a	and (Offic	ial T	itle (typ	e or při	nt)	Date Signed (mm/dd/yyyy)	,
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DMB# 2050-0024; Expires 12/31/2014

C Th	ND MPLETED RM TO: e Appropriate ate or Regional fice.			ental Protection Agen IDENTIFICATION F	· ·	S. I MOTHER						
۱.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification for this location)	☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number									
i	MARK ALL BOX(ES) THAT APPLY	 □ To provide a Subsequent Notification (to update site identification information for this location) □ As a component of a First RCRA Hazardous Waste Part A Permit Application □ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) 										
		☐ As a component of the Hazardou ☐ Site was a TSD facility and/o >100 kg of acute hazardous LQG regulations)	or generator o	of >1,000 kg of hazardous w	aste, >1 kg of acute hazard	lous waste, or te equivalent						
<u>?.</u>	Site EPA ID Number	EPA ID Number A R 0 0	0 5 2	0 8 1 7								
} .	Site Name	Name: HFChlor-Alkali, LLC										
١.	Site Location	Street Address: 1194 720th Ave.										
	Information	City, Town, or Village: Eddyville County: Monroe										
		State: Iowa	Country: Un	ited States	Zip Code: 52553							
i <u>.</u>	Site Land Type	Private County Distric	ct Fed	eral Tribal M	lunicipal State	Other						
i.	NAICS Code(s)	A. 3 2 5 1 8] 0]	c								
	(at least 5-digit codes)	В.		D								
-	Site Mailing	Street or P.O. Box: P. O. Box 489										
	Address	City, Town, or Village: Eddyville										
		State: lowa	Country: Un	ited States	Zip Code: 52553							
i.		First Name: Rhonda	MI:S	Last: Taylor		(2)						
	Person	Title: QA/Compliance Coordinator										
		Street or P.O. Box: 1194 720th Ave.										
		City, Town or VIIIage: Eddyville										
		State: Iowa	Country: Un	ited States	Zip Code: 52553							
		Email: rstaylor@hfchloralkali.com										
		Phone: 641-969-4115 *	Fax: 641-969-4096									
	Legal Owner	A. Name of Site's Legal Owner: Tim Ha	arris		Date Became September	er 2014						
	and Operator of the Site	Owner Type: Private County	District	Federal Tribal	Municipal State	Other						
		Street or P.O. Box: 9307 East 56th Street										
		City, Town, or Village: Indianapolis			Phone: 317-591-0000							
		State: Indiana	Country: Un	ited States	Zip Code: 46216							
		B. Name of Site's Operator: Jim Ford			Date Became Operator:	r 2015						
		Operator Type: Private County	District	Federal Tribal	Municipal State	Other						

EPA ID Number I A	R 0 0 0 0 5 2 0 8 1 7	OMB#: 2050-0024; Expires 12/31/2014
Type of Regulated Waste Mark "Yes" or "No" for a	Activity (at your site) Il <u>current</u> activities (as of the date submitting t	he form); complete any additional boxes as instructed.
A. Hazardous Waste Activiti	es; Complete all parts 1-10.	
	of Hazardous Waste ark only one of the following – a, b, or c. Generates, in any calendar month, 1,000 kg/mo	Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply. a. Transporter
	(2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.	b. Transfer Facility (at your site) 7 N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. 7 Recycler of Hazardous Waste
✓ b. SQG:	100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-	
c. CESQG:	acute hazardous waste. Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. other generator activities in 2-4.	Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption
event and not	enerator (generate from a short-term or one-time from on-going processes). If "Yes", provide an the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption
✓ N ✓ 3. United States	s Importer of Hazardous Waste	Y 9. Underground Injection Control
1. Mixed Waste	(hazardous and radioactive) Generator	Y N 10. Receives Hazardous Waste from Offsite
3. Universal Waste Activities	s; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
accumula regulation types of t	antity Handler of Universal Waste (you ate 5,000kg or more) [refer to your State ns to determine what is regulated]. Indicate universal waste managed at your site. If "Yes" that apply.	Y N 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)
a. Batteric	닏	Y N 2. Used Oil Processor and/or Re-refiner if "Yes", mark all that apply.
b. Pestici	<u>—</u>	a. Processor
× d. Lamps	y containing equipment	→ b. Re-refiner
•	specify)	
	specify)	Y N ✓ 3. Off-Specification Used Oil Burner
g. Other (specify)	Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.
	on Facility for Universal Waste nazardous waste permit may be required for this	a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Numbei	r IARO	0 0 5 2 0	8 1 7	OMB#	: 2050-0024; Expi	es 12/31/2014				
	demic Entities with luant to 40 CFR Part		ication for opting in	to or withdrawing fr	om managing labor	atory hazardous				
* You ca	n ONLY Opt into Sub	ppart K if:								
agre	are at least one of the eement with a college ollege or university; A	or university; or a no	e or university; a teac on-profit research inst	hing hospital that is o itute that is owned by	wned by or has a forn or has a formal affilia	mal affiliation ation agreement with				
• you	have checked with ye	our State to determin	e if 40 CFR Part 262	Subpart K is effective	e in your state					
	Opting into or currently See the Item-by-item									
	a. College or Univers	sity								
<u></u>	b. Teaching Hospital	•		<u> </u>						
	c. Non-profit Institute	that is owned by or t	nas a formal written a	ffiliation agreement w	ith a college or unive	rsity				
Y	Vithdrawing from 40 (CFR Part 262 Subpar	t K for the manageme	ent of hazardous was	tes in laboratories					
1. Description	of Hazardous Waste									
your site. Lis	 Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed. 									
D002										
i. Waste Code hazardous w spaces are n	. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed									
N/A										
*			>							

EPA ID Nur	nber I A R 0 0 0	5 2 0 8 1 7	OMB#: 2050-0024; Expires 12/31/2014
12. Notifica	tion of Hazardous Secondary Ma	terial (HSM) Activity	
Y N	Are you notifying under 40 CFR 2 secondary material under 40 CFR	60.42 that you will begin managing, are mana 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), o	aging, or will stop managing hazardous r (25)?
	If "Yes", you <u>must</u> fill out the Adde Material.	ndum to the Site Identification Form: Notifica	tion for Managing Hazardous Secondary
3. Comme	nts		
		<u> </u>	
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	a variante de la companya dela companya de la companya de la companya dela companya de la companya de la companya dela companya de la company		,
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accordan on my ind Informatic penalties	ce with a system designed to assur uiry of the person or persons who r on submitted is, to the best of my kn for submitting false information, inc	e that qualified personnel properly gather an	ent for knowing violations. For the RCRA
	legal owner, operator, or an presentative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Jup	.+	Operations Manager	02/24/2016
,			

OMB#: 2050-0024; Expires 12/31/2014

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



ONLY f	ill out this fo	orm if: N/A								
•	You are loc 261.4(a)(23 states; AND), (24), or (25) (or state equivalent	o manage excluded hazardous seconda ent). See <u>http://www.epa.gov/epawaste/</u>	ry material (HSM) under 4 hazard/dsw/statespf.htm	l0 CFR 261.2(a)(2)(il), for a list of eligible					
*	You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.									
1. Indi	cate reason	for notification. Include date	s where requested.		Control of the Contro					
	Facility <u>will l</u>	oegin managing excluded HSM	as of (mm/dd/yyyy).							
	Facility <u>is st</u>	III managing excluded HSM/re-r	notifying as required by March 1 of each	even-numbered year.						
	Facility <u>has</u>	stopped managing excluded HS	SM as of (mm/dd/yyyy) a	nd is notifying as required	l.					
2. Des	cription of e	excluded HSM activity. Please o not include any information re	e list the appropriate codes and quantitie garding your hazardous wastes). Use a	s in short tons to describ dditional pages if more sp	e your excluded HSM ace is needed.					
answer codes lis Code Lis	ility code using sted in the at section of uctions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)					
		·								
•		*		*						
				:						
. Faci inter	mediate facil	ities managing excluded HSM ι	io CFR 261.4(a)(24)(vI). (Financial assumed 40 CFR 261.4(a)(24) and (25)) ance pursuant to 40 CFR 261.4(a)(24)(v		aimers and					
					<i>P</i>					